

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008
EXPIRES 4-30-88

1. Submit To Appropriate Federal Agency:

314 AW/JAD
1250 Thomas Avenue, Suite 222
Little Rock AFB AR 72099

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2. Name, Address of claimant and claimant's personal representative, if any.
(See instructions on reverse.) (Number, street, city, State and Zip Code)

JOHN R. CLAIMANT
123 Arkansas Drive
Jacksonville, AR 72099

3. TYPE OF EMPLOYMENT

☒ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

1 Mar 60

5. MARITAL STATUS

Married

6. DATE AND DAY OF ACCIDENT

15 February 1991

7. TIME (A.M. OR P.M.)

1500

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

I was stopped at the intersection of Arkansas Blvd and Arnold Drive. When I proceeded through the intersection a government vehicle #89-1657 driven by SSgt John Doe, 314 TAW/EMS, traveling West on Arnold Drive, drove through a red light and collided with my privately owned vehicle.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

NA

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) 1987 Ford Pickup Truck, the passenger side front fender is pushed in.

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

NA

11. WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

If there are any witnesses, be sure you include their home address with city and state, HOME AND WORK PHONE NUMBERS. This is very important because witnesses in most cases have to be contacted in order for us to settle your claim.

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

\$250.00

12b. PERSONAL INJURY

NA

12c. WRONGFUL DEATH

NA

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

\$250.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

YOUR SIGNATURE

13b. Phone number of signatory
include home and
work number

14. DATE OF CLAIM
date the claim
is presented

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000. plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)